9032 09043

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

1. PLACE OF DEATH: COUNTY St. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA COUNTY 83x-3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN FREDERICKSBURG
STREET ADDRESS (If rural, give location) 809 MARYE St. ✓

3. NAME OF DECEASED: (First) LEO (Middle) CHARLES (Last) ADLON
4. DATE OF DEATH (Month) Sept. (Day) 23 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	White	MARRIED	23 Nov. 1917	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pilot
10b. KIND OF BUSINESS OR INDUSTRY: U.S. MARINE CORPS.
11. BIRTHPLACE (State or foreign country): BROOKLYN, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES ADLON
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 37 to 55
16. SOCIAL SECURITY NO.: — — — —
17. INFORMANT & ADDRESS: U.S. MARINE CORPS RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Compound fracture of skull DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: multiple extreme injuries

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY farm
21c. (City or town) Leonardtown (County) St. Mary's (State) Md
21d. TIME OF INJURY (Month) 9 (Day) 23 (Year) 55 (Hour) 8 A.M.
21e. INJURY OCCURRED While at work ☑ Not while at work ☐
21f. HOW DID INJURY OCCUR? Crashed in helicopter

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/24/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	27 Sep. 55	ARLINGTON NATIONAL	FORT MEYERS, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-26-55	P.J. Beane, M.D.	P. B. Robinson	Leonardtown, Md.

Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09044

9033

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurry
LENGTH OF STAY (in this place) 26 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurry
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (First) Susana (Middle) R. (Last) Barber
4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Feb 17 1881
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: James L. Butler
14. MOTHER'S MAIDEN NAME: Eliza A. Monkonen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Maggie Fletcher 257 West 15th St Newport

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Central Lemon Sage	2 d
ANTECEDENT CAUSE (B)	DUE TO Arteriosclerotic Cardiosis	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —		

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1955, to Sept 14 1955, that I last saw the deceased alive on Sept 14 1955, and that death occurred at 6.15 P.M. from the causes and on the date stated above.
SIGNATURE J. Roy Luther M. D. ADDRESS Mechanicsville, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/17/55
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bush Wood Maryland
DATE REC'D BY LOCAL REGISTRAR 9/16/55
REGISTRAR'S SIGNATURE Jean D. Hance
24. FUNERAL DIRECTOR Jos C. Mattingly
ADDRESS Leonardtown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

9034 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09045

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) NAS Patuxent River, Md.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital USNAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park
STREET ADDRESS (If rural give location) Cedar Park Trailer Camp Lot #4

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Jane (Last) BARRON

4. DATE OF DEATH: (Month) September (Day) 18 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: September 17 1955
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 13 Min. 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — — — —
10B. KIND OF BUSINESS OR INDUSTRY: — — — — — — — —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mack Whatley BARRON
14. MOTHER'S MAIDEN NAME: Mable Marrel PUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO. — — — — — — — —
17. INFORMANT & ADDRESS: Father: Cedar Park Trailer Camp, Lot #4 Lexington Park, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X IMMEDIATE CAUSE (A) Premature Birth — 13hrs35mins

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 - 17, 1955, to 9 - 18, 1955, that I last saw the deceased alive on 9 - 18, 1955, and that death occurred at 3:35 AM. from the causes and on the date stated above.
SIGNATURE [signature] R. J. IRONS LTJG MC USNR M.D.
ADDRESS USN Air Station, Patuxent River, Md.
DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 20/55
NAME OF CEMETERY OR CREMATORY Chatow, Miss.
LOCATION (City, town, or county) Ackerman (State) Miss

DATE REC'D BY LOCAL REGISTRAR Sept 1955
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR Adams & Wesson, Ackerman, Miss
ADDRESS

VS. A15 — 10-53

9935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09046

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place) 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural - Loveville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) Ann (Last) Bonds

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 1/16/55

9. AGE last birthday: yrs. 0 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: King Philip Bonds

14. MOTHER'S MAIDEN NAME: S. Elizabeth Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: V. Woodland - Loveville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
830 X
Immediate cause (a) fractured skull
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Home

21c. (City or town) Loveville (County) St. Mary's (State) Md

21d. TIME OF INJURY (Month) 9 (Day) 5 (Year) 55 (Hour) 5 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? car backed over head on driveway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/7/55
NAME OF CEMETERY OR CREMATORY St. Joseph
LOCATION (City, town, or county) Morganza (State) MARYLAND

DATE REC'D BY LOCAL REG. 9/6/55
REGISTRAR'S SIGNATURE P. J. Beam, M.D.

24. FUNERAL DIRECTOR JOS C. MATTINGLEY*LEONARDTOWN, MD ADDRESS

2015192396

Local

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9936

CERTIFICATE OF DEATH

09047

Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (In this place) 1 Day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Park Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (Last) Briscoe

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept 1 1953
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days 1 IF UNDER 24 HRS. Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Briscoe
14. MOTHER'S MAIDEN NAME: Martha E. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Geo. W. Briscoe Park Hall, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1953, to Sept 2, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 9 A. M., from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Grant Mills Md DATE SIGNED 9/2/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 9/3/53
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) (State) St Marys Maryland

DATE REC'D BY LOCAL REGISTRAR 9/2/53
REGISTRAR'S SIGNATURE Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

AT 5-206-203

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9037 — Reg. Dist. No. 09048 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X California
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California X
STREET ADDRESS (If rural give location) Rural 1

3. NAME OF DECEASED: (Type or Print) (First) Margaretha (Middle) Anna (Last) Feldman

4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 11, 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Grahnert

14. MOTHER'S MAIDEN NAME: Johanna Truman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. ---------

17. INFORMANT & ADDRESS: Herman O. Feldman - California, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X

IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO (B) Cancer Liver and Pancreas

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8.26.55

19B. MAJOR FINDINGS OF OPERATION: ca cholecystal, liver, head of pancreas

20. AUTOPSY? Yes ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.23.55 to 9.23.55 that I last saw the deceased alive on 9.23.55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE D Warren M.D. ADDRESS Leonardtown, Md. DATE SIGNED 9.26.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: M- 9-28-55

NAME OF CEMETERY OR CREMATORY: Louden Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 9-26-55

REGISTRAR'S SIGNATURE: P.B. Bean, M.D. Local

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson - Leonardtown, Md.

9 '38

09049
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) Beatrice (Middle) D (Last) Green
4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1938
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 18 1890
9. AGE last birthday: 47 yrs
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tifton Georgia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William M. Davis
14. MOTHER'S MAIDEN NAME: Mildred Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 252-54-7145
17. INFORMANT & ADDRESS: ELINOR PEABODY COMPTON, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
916.0
Immediate cause (a) Total 3° burns of body
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town) Compton (County) St. Mary's (State) Md
21d. TIME OF INJURY (Month) 9 (Day) 29 (Year) 38 (Hour) 11 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Fire in home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/29/38

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-3-38
NAME OF CEMETERY OR CREMATORY St Paul's
LOCATION (City, town, or county) (State) Leonardtown Md

DATE REC'D BY LOCAL REG. 10/3/38
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [signature]
ADDRESS Leonardtown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09050

9039

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY ST.MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL MEDLEY'SNECK
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRINGS
STREET ADDRESS (If rural give location) 622 ELSWORTH DRIVE

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) EDWARD (Last) GRIFFITH

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APRIL 23,1895
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE PRESIDENT
10B KIND OF BUSINESS OR INDUSTRY: ARMS & LIMB
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES EDWARD GRIFFITH
14. MOTHER'S MAIDEN NAME: IDA HALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Thomas E.Griffith 622 ElsworthDDr. Silver Springs, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Coronary Thrombosis	1/2 hour
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerotic Heart disease	several years.
	DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from unattended, 19 , that I last saw the deceased dead on arrival, 19 . . ., and that death occurred at 2:00A.M, from the causes and on the date stated above.

SIGNATURE Robert F. Fuchs M.D. ADDRESS Leonardtown, Md. DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 9/10/55
NAME OF CEMETERY OR CREMATORY ROCK CREEK
LOCATION (City, town, or county) WASHINGTON (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 9/8/55
REGISTRAR'S SIGNATURE [illegible], M.D. Local
24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9 '49

09051

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Saint Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X NAS, Patuxent River

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lexington Park X

STREET ADDRESS (If rural, give location) 125 W. Rennell Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Robert	Marll	9	12	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	11 / 20 / 29	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
U.S.Navy	U. S. Navy	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louise Charles Marll	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes 6-24-54 to date	*******	U. S. Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
9/12/55	Subdural hemorrhage	Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Chesapeake	Lexington Park, St. Mary's, Md.

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☒	Not while at work ☐	21f. HOW DID INJURY OCCUR?
9	12	55	8:30 P.M.			Diving ring blew off wheel.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/17/55	St. Steven's Cemetery	Bradshaw, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/55	[signature] M.D. Local	P. B. Robinson	Leonardtown, Md.

9241 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09052

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Medleys Neck
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED. (Type or Print) (First) (Middle) (Last) Lillian Benedict Mattingly

4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov 26 1872
9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months 9 Days 12
IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Franklin Abell
14. MOTHER'S MAIDEN NAME: Jane Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: A. J. Mattingly Leonardtown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-2-2 IMMEDIATE CAUSE (A) Fibrillation of Heart Acute — INTERVAL BETWEEN ONSET AND DEATH 15 mins

ANTECEDENT CAUSE (S) DUE TO (B) Myocarditis Chronic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Age

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Age

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954 to Sept 6 1955 that I last saw the deceased alive on 7-24, 1955, and that death occurred at 6.15 P M, from the causes and on the date stated above.
SIGNATURE F. T. Gromwell M. D.
ADDRESS Leonardtown Md.
DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-9-55
NAME OF CEMETERY OR CREMATORY Our Lady's
LOCATION (City, town, or county) Medleys Neck (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-9-1955
REGISTRAR'S SIGNATURE P. Geary M.D. Local
24. FUNERAL DIRECTOR Jos C. Mattingly
ADDRESS Leonardtown Md

9-42

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09053

CERTIFICATE OF DEATH

Reg. Dist. No. 281

Item 7, FilmG187 10-11-55 et

1. PLACE OF DEATH:

County. St. Marys

City or town. Scotland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

OO

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Scotland X
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural 1
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eva Elizabeth Medley

3.(b) Social Security Number --------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1888

8. AGE: Years 66 | Months | Days | If less than one day ... hrs. ... min.

8. Birthplace Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business Domestic

FATHER
12. Name Major Barnes
13. Birthplace Maryland

MOTHER
14. Maiden name Sophia Rustin
15. Birthplace Maryland

16. Informant Amanda M. Barnes

Address Scotland, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/28/55 (month) (day) (year)

Cemetery or crematory St. Luke Cemetery

Location Scotland, Md.

18. Funeral director P.B. Robinson

Address Leonardtown, Maryland

19. 9-26-55 (Date rec'd by registrar) 19 ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 19 55, at 9A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5-23-50 19 to Sept 25 19 55 and that I last saw h er alive on June 15 19 55

	DURATION
Immediate cause of death: Cerebral Hemorrhage	Immediate
Due to: Hypertension	5 years
Due to: Generalized Arteriosclerosis	10 Yrs
Other conditions: 331X (Include pregnancy within 3 months of death)	

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mrs N. Patrick M. D. or other

Address Lexington Park, Md. Date signed 9-25-55

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-43

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09054

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) L. (Last) Miles
4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1 1911
9. AGE last birthday: 44 yrs. If UNDER 1 YEAR: Months 6 Days 26 If UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor on Farm
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis B. Miles
14. MOTHER'S MAIDEN NAME: Laura E. Yorkshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Nellie E. Miles Leonardtown

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X
IMMEDIATE CAUSE (A) Hemiplegia — 2 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 5 Years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25, 19 55, to 9/26, 19 55, that I last saw the deceased alive on 9/24, 19 55, and that death occurred at 10:40 A M, from the causes and on the date stated above.
SIGNATURE Mary L. Thompson M. D. ADDRESS Leonardtown DATE SIGNED 9/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-29-55
NAME OF CEMETERY OR CREMATORY: St Joseph
LOCATION (City, town, or county) (State): Morganza, Md

DATE REC'D BY LOCAL REGISTRAR: 9/29/55
REGISTRAR'S SIGNATURE: Jean A. Downes
24. FUNERAL DIRECTOR: Jos C. Mattingly
ADDRESS: Leonardtown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

9044

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09055

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 2 1/2 half
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clements
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Clare (Middle) Louise (Last) Mills

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 14, 1953
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Aloysius Mills
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Fenwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Thomas A Mills Clements, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.2

IMMEDIATE CAUSE (A) Septicemia? — INTERVAL BETWEEN ONSET AND DEATH: 6-8 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Respiratory infection

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Severe anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1955, to Sept 15, 1955, that I last saw the deceased alive on Sept 15, 1955 and that death occurred at 8:00 P M, from the causes and on the date stated above.

SIGNATURE Roy Guyther M.D. ADDRESS Mechanicsville DATE SIGNED 9/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/16/55
NAME OF CEMETERY OR CREMATORY: Sacred Heart
LOCATION (City, town, or county) (State): Bushwood Md

DATE REC'D BY LOCAL REGISTRAR: 9/16/55
REGISTRAR'S SIGNATURE: Alan D. Hauser
24. FUNERAL DIRECTOR: Joe C. Mattingly
ADDRESS: Leonardtown Md

9045

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09056

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maddox
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maddox
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Selena (Last) Norris

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 14 1883

9. AGE last birthday: 72 yrs. If under 1 year: Months — Days 29 If under 24 hrs.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Dominico Wise

14. MOTHER'S MAIDEN NAME: Selena Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lee Norris Maddox Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Heart block

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic cardio Vascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute cardiac decompensation

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Sept, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

SIGNATURE Roy Guy Cole M. D. ADDRESS Mechanicsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-14-55

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Bush Wood St Marys Md

DATE REC'D BY LOCAL REGISTRAR 9/13/55

REGISTRAR'S SIGNATURE Pearl Hance

24. FUNERAL DIRECTOR J. A. C. Mattingly ADDRESS Leonardtown Md

9?46

MARYLAND STATE DEPARTMENT OF HEALTH, BALTIMORE 18 — 09057 Reg. Dist.

Items 12, 13 ... Item 7, Film 187 10-11-55

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 22

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel Grove

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Laurel Grove

STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Howard (Last) Quade

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: 1912?

9. AGE last birthday: 43? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: epilepsy

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH: none

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none

21c. (City or town) Laurel Grove, (County) St. Mary's, (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: none

21e. INJURY OCCURRED While at work ☐ Not while at work ☐: none

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 9-25-55

NAME OF CEMETERY OR CREMATORY: Baltimore City Morgue

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9-25-55

REGISTRAR'S SIGNATURE: Alan T. Hauser

24. FUNERAL DIRECTOR: P. B. Robinson

ADDRESS: Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9147

CERTIFICATE OF DEATH

09058

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville Md
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) J. (Last) Raley.

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 6-1877 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months 7 Days 24 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Westfield New Jersey | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Raley.

14. MOTHER'S MAIDEN NAME: Matilda. Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: R.J. McNeil Blackstone, Va

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 19 ., 19 55, to 9. 20. , 19 55, that I last saw the deceased alive on 9. 19 ., 19 55, and that death occurred at 8 P. M., from the causes and on the date stated above.

SIGNATURE Michael Rabbath M. D. ADDRESS Leonardtown, Md. DATE SIGNED 9.21.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/24/55 | NAME OF CEMETERY OR CREMATORY Hillside | LOCATION (City, town, or county) (State) Plain Dealing Md.

DATE REC'D BY LOCAL REGISTRAR 9-25-55 | REGISTRAR'S SIGNATURE Clara C. Greenwell | 24. FUNERAL DIRECTOR Jos C. Mattingley. ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09059

9-48

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) H. (Last) ROGERS

4. DATE OF DEATH: (Month) SEPT. (Day) 5, (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW | 8. DATE OF BIRTH: 12/8/1898 | 9. AGE last birthday 56 yrs. | IF UNDER 1 YEAR Months 8 Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE T. HOLLAND

14. MOTHER'S MAIDEN NAME: VICTORIA M. PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-14-2202

17. INFORMANT & ADDRESS: MR FRANCIS HARRIS LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M none

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ none

21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/5, 19 55, to 9/5, 19 55, that I last saw the deceased alive on 9/5, 19 55, and that death occurred at 6 P. M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Leonardtown, Md. DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 9/8/55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 9/6/55 | REGISTRAR'S SIGNATURE P. P. Leary, M.D. Local

24. FUNERAL DIRECTOR Joseph C. Mattingly-Leonardtown ADDRESS Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09060

9049

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN
LENGTH OF STAY (In this place) 1 DAY
78 HOSPITAL OR INSTITUTION OR STREET ADDRESS ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL BEACHVILLE
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) 9/ (Day) 20/ (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: SEPTEMBER 19,1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN JONES

14. MOTHER'S MAIDEN NAME: GERTRUDE TAYLOR BEACHVILLE,MD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: GERTURDE TAYLOR BEACHVILLE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 IMMEDIATE CAUSE (A) Pulmonary Thrombosis DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congenital heart disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1955, to 9/20, 1955 that I last saw the deceased alive on 9/20/ , 1955 and that death occurred at 6:00AM, from the causes and on the date stated above.

SIGNATURE Jm H Patrick M. D. ADDRESS Lexington Park, Md DATE SIGNED 9-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/20/55

NAME OF CEMETERY OR CREMATORY St. Aloysius

LOCATION (City, town, or county) (State) Leonardtown, Maryland

DATE REC'D BY LOCAL REGISTRAR 9/21/55

REGISTRAR'S SIGNATURE (Jean L. Hanson)

24. FUNERAL DIRECTOR JOS.C.MATTINGLEY ADDRESS LEONARDTOWN, MD.

9-59 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09061

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HOLLYWOOD X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) BROMBAUGH (Last) THOMPSON

4. DATE OF DEATH: (Month) SEPT. (Day) 24 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: JANUARY 9, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 8 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UPTON BROMBAUGH

14. MOTHER'S MAIDEN NAME: KATHERINE STAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT & ADDRESS: M.C. THOMPSON Jr. HOLLYWOOD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) DUE TO Coronary Thrombosis	3 days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hypertension	5 Years
	(C) Generalized Arteriosclerosis	10 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 ..., 1950, to Sept. 24, 1955 that I last saw the deceased alive on Sept. 24, 1955, and that death occurred at 12:30 M. from the causes and on the date stated above.

SIGNATURE Wm H Patuxent ADDRESS M. D. Lexington Park Md. DATE SIGNED 9-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/27/55

NAME OF CEMETERY OR CREMATORY ST JOHN'S

LOCATION (City, town, or county) (State) HOLLYWOOD, MD.

DATE REC'D BY LOCAL REGISTRAR 9/26/55

REGISTRAR'S SIGNATURE Clara O. Dawson

24. FUNERAL DIRECTOR ADDRESS JOS. C. MATTINGLEY LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09062

9'51

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL LEONARDTOWN X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) THOMPSON

4. DATE OF DEATH: (Month) SEPT. (Day) 10 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: APRIL 8, 1870

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months 5 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GRAYSON THOMPSON

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MR ALLEN THOMPSON PALMERS, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Arteriosclerosis — 25 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1955, to Sept 10, 1955, that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 9:15 AM, from the causes and on the date stated above.

SIGNATURE Wm D Boyd M.D. ADDRESS Leonardtown DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 9/12/55 — NAME OF CEMETERY OR CREMATORY SACRED HEART — LOCATION (City, town, or county) BUSHWOOD, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 9-12-55 — REGISTRAR'S SIGNATURE Clara L. Hance

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY — ADDRESS LEONARDTOWN, MD.

09063

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9152

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL MORGANZA
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL MORGANZA X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) LORINA (Last) YOUNG

4. DATE OF DEATH: (Month) SEPT. (Day) 18, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: OCTOBER 8,1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HILLARY HARRIS

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ****
(If Yes, give war or dates of service) ****

16. SOCIAL SECURITY NO. *********

17. INFORMANT & ADDRESS: CARROLL YOUNG MARGANZA, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease 10 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 00 1955, to Sept 18, 1955, that I last saw the deceased alive on Sept 15, 1955, and that death occurred at 2:17 P.M. from the causes and on the date stated above.

SIGNATURE J Ray Smither M. D. ADDRESS Mechanicsville DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 9/20/55

NAME OF CEMETERY OR CREMATORY ST JOSEPH'S

LOCATION (City, town, or county) (State) MORGANZA, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 9/19/55

REGISTRAR'S SIGNATURE Vernon D. Hansey

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.